



HAWAII STATE ETHICS COMMISSION  
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STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
Pavlicek	Melissa	T.	808 523-3695
MAILING ADDRESS (Street)			FAX
841 Bishop St., 1628			808 523-3712
(City)	(State)	(Zip Code)	
Honolulu, HI	96813		
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

PART II ORGANIZATION	
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE
National Federation of Independent Business	
MAILING ADDRESS (Street)	FAX
6100 Center Dr., Suite 1175	
(City)	(State)
Los Angeles, CA	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE
Daniel Markels	
MAILING ADDRESS (Street)	FAX
6100 Center Dr., Suite 1175	
(City)	(State)
Los Angeles, CA	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
Agriculture	Education	Human Services	<input checked="" type="checkbox"/> Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	Hawaiian Affairs	<input checked="" type="checkbox"/> Labor & Employment	<input checked="" type="checkbox"/> Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (Indicate below)
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST	
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.	
<u>Mel Paric</u>	<u>1-25-06</u>
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY	
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
<u>Daniel Markels</u>	
NAME OF ORGANIZATION (if applicable)	TELEPHONE
<u>National Federation of Independent Business</u>	
MAILING ADDRESS (Street)	FAX
<u>6100 Center Dr. , Suite 1175, Los Angeles, CA</u>	
(City)	(State) (Zip Code)
<u>✓</u>	
I hereby authorize the above named person to engage in lobbying activities on behalf of the undersigned.	
<u>Daniel Markels</u>	<u>1/27/06</u>
(Signature of Authorizing Officer or Person Represented)	(Date)